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# Contemplative Reflective Practice, *Conocimiento*, and Continuing Medical Education

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**Abstract:** Contemplative reflective practices, exemplified by Remen and Kabat-Zinn, nurture “subversive knowledges” that can help physicians and their educators address ethical issues in the health care system. Continuing medical education should encourage physicians to become what Varela terms “ethical experts.”

In the first half of the twentieth century, struggling against British colonial rule in India, Mahatma Gandhi developed his concept of the seven deadly sins, one of which was the warped and bizarre western acceptance of “knowledge without character.” In the post-colonial world, as indigenous knowledges have slowly begun to gain consideration and respect in the former metropolis, there are increasing calls to include spirituality in all educational projects. Tanzanian R. Sambuli Mosha (1999) encourages educators to awaken “to the fact, already known by indigenous peoples everywhere, that a person’s mind and heart...must be formed, molded, and developed together. Mental growth and moral awakening must go hand in hand. Spirituality is not a road on which humans are free to travel or not to travel. They must choose to travel on it in order to be human.” Likewise, Latina feminist Gloria Anzaldúa (2002) developed the concept of *conocimiento*, or subversive knowledges, to promote greater social justice by consciously engaging body, heart, and spirit in intellectual experience. According to Anzaldúa, *conocimiento* comes about by learning to “deepen... the range of [non-rational] perception [that] enables you to link inner reflection and vision—the mental, emotional, instinctive, imaginal, spiritual, and subtle bodily awareness—with social, political action and lived experiences to generate subversive knowledges.” Unfortunately, many of us in the global North remain committed to the idea that it is possible to work with knowledge and ethics as distinct modalities. These distinctions certainly help us to become technical professional experts, but perhaps also prevent us from becoming what Varela (1992) terms ethical experts. Adult educators need to consider these claims, for mainstream continuing professional education needs to find ways of attending to issues of social justice and ethics.

Using Continuing Medical Education (CME) as an example, I suggest that continuing professional education strategies that employ contemplative reflective practices (Chapman & Anderson, 2005) can perhaps address endemic ethical problems in adult education and in the professions brought about by late capitalism and consumerism (Finger, Jansen, & Wildemeersch, 1998). Resistance to reflective practice is strong, and most continuing professional education continues to rely on “updating” technical expertise. When employed, reflective practice is often instrumentalist in approach. Both updating and instrumentalist strategies seem to prevent possibilities for creating professional practices that are more just, more life-giving, wiser and more artistic. Keeping in mind Schon’s (1983) call to reflective practice as a way of deepening professionals’ wisdom and artistry, I will consider some current trends in CME and then explore some alternative CME approaches that employ contemplative reflective practice. Finally, I will

move forward previous considerations of contemplative practices in adult and continuing education (Dawson, 2001; Ettling, 2003) by exploring Fransisco Varela's (1992) concept of "ethical know-how" and Anzaldúa's (2002) notion of subversive knowledge, or *conocimiento*. In essence, my work seeks to apply the fields of spirituality, meditation, and ethics to continuing professional education in new ways, using CME as an example. The implications for this application include challenges to prevailing epistemological understanding of both ethics and reflective practice by urging adult educators to embrace a more holistic and life-giving approach to continuing professional education.

In the early 1980s Donald Schon developed work begun by Dewey fifty years earlier as he examined the working and learning lives of professionals, and argued that professionals need opportunities to *reflect* on their practices in order to develop the wisdom and artistry that is essential to professional practice, but often unexamined. Many adult educators have written extensively and thoughtfully on the importance of reflective practice in adult education, and our "Jello-like" reflective practice has become an often espoused, but seldom implemented, form of continuing education in various professions. Although Schon showed how amply suitable medical practice is to reflective practice, and while some educators write convincingly of the importance of reflection in CME (Cervero, 2003; Coles, 2002; Epstein, 1999; Fish & Coles, 1998), it is surprising that physicians have had so little exposure to reflection. This may be due in part to the positivist nature and foundations of biomedical practice, and the ways in which medical practices and CME in the U.S. have changed in the last few decades. CME has remained committed to increasing technical expertise and tied to trends in scientific medical research and to the increasing capitalist pressures on systems of medical practice.

There is much anxiety within and without the medical establishment regarding fundamental problems with American health care, many of which are *ethical* at their base. Our systems of practice have grown too large to adequately attend to patient needs, creating disturbing levels of physician error and anxieties regarding litigation; there are grave disparities in healthcare between the rich and the poor; medical treatment choices are often based on pressures from corporations that sell health insurance, medical technology, medical supplies, and pharmaceuticals. Health care has become both unimaginably complex and central to the economy and to profit concerns of individuals and organizations.

There is increasing pressure in CME to provide only technical training to physicians. Recent major studies have indicated that there are profound problems in the healthcare system, and that many of these are the result of physician errors (Kohn, Corrigan, & Donaldson, 2000). These studies have led to greater emphasis on making CME—and medical practice itself—more "evidence-based," more tied to the scientific process and the development of even greater technical expertise, hoping to stem the human errors that inevitably occur. There have been many studies in the last two decades to investigate the effect of CME on physicians' practice, and there is little clear evidence to suggest that CME has much effect on "physicians' competence or performance, let alone the health status of their patients," and one study found "there were no relationships between quality of care and either the type or quantity of physicians' CME activities." (Fox, Mazmanian, & Putnam, 1989; Mazmanian & Davis, 2002).

Some scholars have suggested that CME is insufficiently conceptualized to address the largest problems in medical care. Virtually all CME interventions are designed to improve physician practice, but Cervero (2003) has argued that educational interventions that focus on individual behaviors cannot be effective unless they take into consideration the social, political and professional systems in which physician practice takes place. According to Cervero, this

consideration will have to include forms of reflection on practice, including reflection on the places in which medicine is practiced, the systems in which medical practice is embedded, and the many technicians, nurses and staff members who are a part of those systems of practice. Not only do physicians need to consider more deeply the nature of the judgments they are required to exercise in the swampy lowlands of their specific practices, but reflective practice holds the possibility, though seldom employed, of allowing physicians to avoid replicating the problematic traditions of their professions by critically reconstructing them (Coles, 2003; Fish & Coles, 1998). Critical reflection has the potential to reveal mechanisms of power and to call professionals into questioning hegemonic assumptions (Brookfield, 2000), but this questioning seldom happens in CME or other continuing professional education. Why is this so?

It seems to me that at least part of the resistance to deep reflection is that CME itself is implicated in many of the ethical issues surrounding systems of medical practice. Everywhere continuing education for the professions is considered “big business,” (Cervero, 1998; Finger, Jansen & Wildemeersch, 1998), and CME is no exception. In addition to maintaining their staffs and organizations as viable educational/economic entities, CME is also deeply involved in the capitalist project through links to the travel sectors such as hotels, airlines, entertainment enterprises, restaurants, etc. New technologies, practices, and pharmaceuticals are constantly promoted at CME events, where physicians are encouraged to “update” their knowledge and skills in plush hotels at perhaps exotic locations.

Often CME is designed by a medical researcher who wants to speak on recent findings, or wants to invite a research colleague to speak, and then announces to CME providers what offerings the CME staff will facilitate. At other times, pharmaceutical companies or medical supply or technology companies offer to support a CME conference or workshop. Pharmaceuticals and other businesses that are involved in the health industry are present at all CME conferences, providing “gifts” to attendees. Recent scandals have helped to dismantle *some* of CME’s questionable financial dependence on biomedical corporations; now presenters must provide disclosure information regarding their relationship to commercial products, but these regulations are far from adequate.

Finally, current practices in CME may actually contribute to physicians’ inability to work effectively with the ethical issues of medical practice. Physicians are simply *too busy* updating to reflect on the ethics of medical systems of practice. They are too busy to listen to their patients; too busy to listen to their own hearts and bodies and spirits. As Jane Dawson (2001) points out, for all professionals, “There is little attention...to the central need for contemplation and quiet time, in order for the reflective process to be genuinely nourished and fostered. To be busy to the point of distraction is the dominant *modus operandi*” (p. 38). Being busy to the point of distraction, even, or especially, in educational settings is how hegemony prevents professionals from engaging in reflective practice. CME is a part of biomedical busy-ness.

If CME were to truly promote reflective practice, the implications could be enormous. But reflection that is primarily rational, even if it is critical, will have a difficult time creating real change in physician practice because it does not allow for a fuller human engagement in reflective practice. One of the ironies of Schon’s work was that, although he argued that education needed to enhance and develop the wisdom and artistry of practice, the means of reflection that he encouraged were largely instrumentalist and positivist. Some educators who work with medical professionals have argued that if one wishes to develop professional artistry, one must actually engage in artistic forms of reflection (Winter, Buck, & Sobiechowska, 1999). Similarly, it seems that our cultural anxieties regarding wisdom prevent us from designing CME

that encourages wisdom over technical knowledge. Our reluctance to attend to wisdom prevents us from using the full humanity of our medical professionals.

Physicians, despite the scientific mystique of their profession, after all, *are* human. As humans, they are not simply comprised of minds, but also of hearts, bodies and souls. Our complex systems of practice often alienate physicians from deep connection to their clients, to one another, to themselves, and to the life-force of the world. The dominant discourse of positivism and the glamorization of science, capitalism, and technology prevent many of us from attending to our inner truth, our inner authority, which grows from experience and is developed and nurtured in silence, meditation, contemplation, and artistic exploration—circumstances very different from traditional medical conferences (Chapman & Anderson, 2005).

There are some providers of education to physicians who acknowledge the importance of educating the entire person, eschewing Cartesian dichotomies and trying to create mind-body-heart-spirit connections for physicians. Rachel Naomi Remen is one such educator—a physician and author who designs and leads workshops that invite physicians and other health care providers to reclaim the spirituality of their practices. Jon Kabat-Zinn, also a medical doctor and author, lectures widely to physicians on mindfulness meditation. Though their work is fairly non-political, both Remen and Kabat-Zinn create and nurture education that has the potential to promote *conocimiento* by helping physicians become more deeply aware and attentive.

Kabat-Zinn lectures widely to physicians on the benefits of mindfulness meditation. He is careful to introduce mindfulness meditation in such a way that it is non-threatening to the paradigms that most western physicians embrace, noting that physicians will not take quickly to “talking about the Buddha and inviting masters with shaved heads for lectures.” Although most often geared toward introducing physicians to meditation as a stress-reducing therapy for their patients, many physicians begin to see that these meditation practices might be vital to their own medical practices and lives. Kabat-Zinn (2005) describes mindfulness as “openhearted, moment-to-moment, non-judgmental awareness” that has the ability to transform our lives and “to influence the larger world within which we are seamlessly embedded, including our family, our work, the society as a whole and how we see ourselves as a people, what [he calls] the body politic, and the body of the world, of all of us together on this planet,” (p. 24).

Contemplative practices, by teaching people how to detach from mindless participation in the busy-ness of the world, allow for true attachment and deep connection with the world and life around us by opening us to awareness and appreciation of compassion. According to Remen (1999), contemplative practices call forth connection with our own humanity, the “ground of being” where we regain “a sense of the mysterious, the profound, the sacred nature of the world” (p. 47).

Like Kabat-Zinn, Remen also employs nontraditional strategies in CME in order to help physicians gain greater awareness of their connections within the web of life. Remen uses reflective practice, including conversation, shared silence, ritual, imagery, journal writing, storytelling, poetry, music and meditation in order to help physicians resist the dominant medical culture of objectivity and distancing from self and patients, and to heal the cultural wounds of self-sufficiency, competence, independence, and mastery, and become more “whole.” Through reflective practice, Remen encourages physicians to work from compassion and meaning, which she sees as central to wholeness. She rejects technical rationality as the sole basis for CME and shows that it is not only possible to integrate spirituality and education, but how necessary this integration is for both patients and physicians themselves. She notes that many more mistakes in medicine are made from too much objectivity than from “knowing sick people too well.” Remen

works to help doctors heal from the wounds inflicted on them by their medical training, which often has as a major goal the separation of minds from hearts, bodies, and spirits.

It is significant that both Remen and Kabat-Zinn, though internationally famous and widely published and read, are virtually invisible in the leading CME or medical journals. The eschewing of ethics, spirituality, suffering, compassion, and considerations of social inequality or injustice in continuing professional education is de rigueur, furthering the narrow focus on the mind in western education, to the exclusion of body, heart, and spirit. For Francisco Varela and Gloria Anzaldua, the implications of this narrowness and exclusion are ethical at the core.

Anzaldua argues that the exclusion of body, heart, and spirit have been central to many economic projects that promote suffering, domination and violence. Only by reclaiming spirituality and mind, body, spirit, heart connections, the approach toward *conocimiento*, can we begin to re-craft our world into a more just and life-giving place. In contemplative reflective practice, perhaps we can begin to make hegemonic discourses in medical practice more evident.

Francisco Varela, noted neurobiologist and cognitive scientist, has suggested that western thinkers are handicapped in their consideration of ethics because of overwhelming inclination here to view ethics as a judgment developed in the mind and then applied to situations, or ethics as “know-what” rather than “know-how.” According to Varela, the Christian redemption tradition has led westerners to assume ethical judgment must be taught and cultivated, brought from an outside authority to the human person. In other parts of the world, particularly in the eastern wisdom traditions of the Buddhists and Taoists, there is an alternative view of humanity. There, humanity is assumed to have an innate ethical nature, but one that must be called forth from the person, nurtured and cultivated. Eastern ethical training occurs in a contemplative or meditative framework, rather than as judgment and rules taught, then applied.

Varela explains that ethics must be considered as more than rational application of rules; ethics includes judgment and action, but it is also, most importantly, a way of being. The western dichotomy in the professions of practice and knowledge is very misguided, says Varela, because we humans know by doing and being; cognition cannot exist devoid of experience. The very aspects of cognition that nurture ethical being and know-how are often the aspects of the human person that professional education tries to eradicate—our bodies, hearts, and spirits. According to Varela, it is the emotional power of compassion that is most important in fostering ethics. The western scientific model of “objectivism,” the basis of professional expertise, actually keeps us from becoming ethical experts.

Society expects professionals to be both technically and ethically competent, but how can this occur without nurturing ethical know-how? How can it occur if both pre-service and continuing professional educations maintain circumstances that prevent deep ethical maturity from developing by focusing only on technical expertise? As adult educators, we should examine more closely our denial of experience and bodies and hearts and spirits in knowledge creation. If we embrace wholeness in the very deepest ways, for example through contemplative reflective practices that call us to awareness and attention, we can call forth *conocimiento*. *Conocimiento* teaches us to carry our bodies, hearts and souls into our professional practices, walking on the path to our full humanity.

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